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Herbs, laboratories and revolution – on the making of a national medicine in Vietnam

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Abstract

This article examines the making of a national medicine in Vietnam. How can it be that the medical traditions in Vietnam came to be described as Vietnamese during the course of the 20th century? In this article, I suggest that historical contingencies in Vietnam have facilitated what might be thought of as a ‘doctrine of combination’, somewhat in contrast to the institutionalized and contentious separation of, for example, Chinese and Korean medicine from modern medicine. In particular, I show how when it came to traditional medicine, Hồ Chí Minh and the people around him responsible for healthcare-related issues were on the ‘offensive’ from the very outset of their nation-building efforts.

Key words

National medicine, traditional medicine, Vietnam, modernisation

Introduction

In August 1966, Minister of Health Phạm Ngọc Thạch told a gathering of traditional practitioners, medical doctors and scientists attending a conference in Hanoi that:

Southern medicine (*thuốc nam*) and acupuncture are two important subjects within national medicine (*y học dân tộc*) and have cured some illnesses that Western medicine (*thuốc tây*) has not been able to... Particularly, many comrades who practice advanced Western medicine have researched on Eastern medicine (*đông y*) and produced reports for the conference. These comrades are scholars of Western medicine, however, when reaching an impasse in medicine, they have looked to traditional medicine and have succeeded. (cited in Hoang 2012: 136)

Some four decades later, in its Traditional Medicine Strategy 2002–2005, the World Health Organization would suggest that only China, South Korea and Vietnam “can be considered to have attained an integrative [health care] system” understood as a system wherein traditional medicine has a significant place, alongside modern medicine, in health education, delivery and research (WHO 2002: 9). That is to say, during the course of the 20th century, these countries took concrete steps to institutionally anchor their medical traditions in national efforts to improve public health. In Vietnam, there has been an institutional emphasis on *combining* modern and traditional medicine that can be traced back to the mid 20th century (see Monnais et al. 2012). Following victory in Vietnam’s first war of independence against France in 1954, Hồ Chí Minh’s government of the Democratic Republic of Vietnam embarked on a process to revive and modernize its traditional medicine with a marked emphasis on its herbal medicines (Hoang et al. 1999;

Wahlberg 2006). This process continues to this day and can be witnessed, on the one hand, in a network of research Institutes of Traditional Medicine, and on the other, in National Hospitals of Traditional Medicine, numerous Departments of Traditional Medicine found in hospitals throughout Vietnam as well as thousands of medicinal plant gardens maintained by rural health clinics.

Yet there is another peculiarity shared by Vietnam, China and the Republic of Korea, namely the fact that during the 20th century, medical traditions in these countries came to be referred to as both ‘national medicine’ (*y học dân tộc* in Vietnam, *minjok uihak* in Korea and *guoyi* in China) and Korean medicine (*hanuihak*), Vietnamese medicine (*y học Việt Nam*) and Chinese medicine (*zhongyi*) respectively. In recent years, a number of studies of medicine in each of these countries have focused on how medical traditions came to be mobilized and modernized in the 20th century as important components of nation-building strategies (Xu 1997; Monnais et al. 2012; Hoang 2012; Cho 2000; Ma 2010). Indeed, we might say that one of the particularities of traditional medicine in East Asia is the ways in which it has become ‘national’. For, notwithstanding the fact that all countries have rich medical heritages – based on local flora and fauna – it is not so common to hear of “Bolivian medicine”, “Ugandan medicine”, “Canadian medicine” or “Danish medicine”, and there are no countries in Africa, Europe or the Americas that have comparable networks of research institutions and hospitals devoted to the revival and modernization of so-called traditional medicines (see WHO 2002).

In this article, I examine the making of a national medicine in 20th century Vietnam. By this I mean, that I will point to some of the different grids through which medical practices that have had a long history in Vietnam gradually, progressively and materially came to be constituted as *Vietnamese*. One of the important contributions of science and technology studies (STS)-inspired analyses of Asian medicine has been their astute empirical focus on *processes* of formation, whether framed as how “Chinese medicine in contemporary China can be modelled as a dynamic process of simultaneous emergence and disappearance... as emergent global states, or *syntheses*, that are produced by local interactions of human and nonhuman elements, or *infrastructures*” (Scheid 2002: 13), “how researchers construct the scientific reality of acupuncture in micro-process” (Kim 2006: 2961) or the “ways in which Chinese medicine is worlded [through] unexpected encounters, dislocated actors, entangled knowledges, situated dialogues and fragile networks” (Zhan 2009: 5; 15). In tandem with this contemporary focus on processes of formation, history of science-inspired studies have shown us how Asian medicines came to be formed through important encounters, clashes, and indeed fights between various groups representing different interests, positions and authority (Lei 1999; Taylor 2005; Xu 1997; Ma 2010; Cho 2000).

I take another approach to accounting for the making of Vietnamese medicine as I shift focus to the question of how certain medical practices and medicines in Vietnam came to be constituted as Vietnamese, i.e. a national medicine. There are certainly numerous parallels that can be drawn between the modernisations and developments of Chinese and Vietnamese medicine. For example, Vietnamese medicine has in many ways also been a “medicine of revolution” as Kim Taylor has described Chinese medicine: “A medicine which is in tandem with the dissenting units of society; it embodies the ideals of the opposing force; it is a medicine which has a political cause. It is also a medicine which aids and assists the revolution, catering to the practical needs of physical warfare” (Taylor 2005: 26). And just like Korean medicine is currently in the midst of a “scientization and globalization project... incorporating science, industry, and traditional medicine” (Kim 2006: 70) so too is Vietnamese medicine. But there are also historical contingencies particular to Vietnam which have facilitated what might be thought of as a ‘doctrine of combination’ that in postcolonial Vietnam has deflected any kind of public stand-off between traditional and modern medicine, in contrast to the 1929 proposal to “Abolish Old-Style Medicine in Order to Clear Away the Obstacles to Medicine and Public Health” in China or the ‘Hanyak Punjaeng’ in 1990s South Korea (Xu 1997; Ma 2010; Lei 2000; Cho 2000). Tensions do certainly exist and we might well speak of a ‘two-tier’ system in Vietnam when comparing amounts of resources spent on modern as compared to traditional medicine by the national government (see Bodeker 1992; WHO 2003). Nevertheless, I will argue that the fact that there has never been an official conflict in postcolonial Vietnam must be explained by recourse to a series of historical contingencies which can all be linked to Vietnam’s tragic quest for independence through two wars in the 20th century.

Firstly, when it came to traditional medicine, Hồ Chí Minh and the people around him who were responsible for health care were on the ‘offensive’ from the very outset of their nation-building efforts. This commitment can importantly be traced to their experiences with traditional medicine as the nationalist movement gained momentum in the early 20th century. Secondly, Vietnamese medicine was pretty much a necessary component of any attempt to address massive public health challenges with limited resources which were even further drained by war. At the same time, modernising and ‘scientising’ traditional medicine has not been cast as a ‘colonising’ of Vietnamese medicine but rather as a means to improve and exploit it for the benefit of the people’s health. And finally, traditional medicine – or ‘our medicine’ (*thuốc ta*) as it has often been called – would benefit from the considerable symbolic capital it had amassed during the country’s political and economic isolation. Praise of the role of traditional practitioners and herbal medicines as soldiers fought in the jungles and mountains of Vietnam has been particularly important and

has contributed to the fostering of collaborative relations between traditional practitioners and scientists. Indeed I will argue that through these processes, traditional medicine in Vietnam has amassed enough symbolic capital as to shield it from organised critique.

“There are some illnesses that only our medicine can treat”

Very shortly after having emerged victorious from the battle of Điện Biên Phủ (March-May 1954), President Hồ Chí Minh sent a letter to a national congress of medical workers held in February 1955 containing what has become one of the most-quoted passages concerning traditional medicine in Vietnam:

Our forefathers had rich experience in the treatment of disease using *Thuốc ta* [our medicine] and *Thuốc Bắc* [Northern medicine]. To enlarge the sphere of action of medicine, it is necessary to study means of uniting the effects of Eastern medicines and Western medicines. (Hồ 1955 cited in Hoang 2012: 135)

Hồ was undoubtedly influenced by similar developments in China, but his choice of words is notable when compared to those of Mao Zedong who a decade earlier had also called for modern and traditional doctors to unite: “of course the new medicine is superior to the old medicine... Our task is to unite with all the old style intellectuals, old style artists and old style doctors who can be used, and to help, educate and remould them” (cited in Taylor 2005: 16). As Taylor has argued, this was hardly a resounding endorsement, “clearly the ‘new medicine’ was preferable to the ‘old’, but if resources were inadequate, then it was necessary to use the ‘old’” (ibid.: 17).

In place of old/new dichotomies we see a much more robust defence of the country’s medical heritage by Hồ Chí Minh and some of his closest officials, perhaps most importantly Vietnam’s first Minister of Health Phạm Ngọc Thạch and Nguyễn Văn Hường, the first Director of the Institute of Traditional Medicine which was opened in Hanoi in 1957 and also Phạm’s successor¹ as Minister of Health in 1969.

Thompson has argued that one of the reasons for Hồ Chí Minh’s favourable opinion of traditional medicine was that he “had a special understanding of and sympathy for TVM [traditional Vietnamese medicine] because several members of his immediate family practiced it” (Thompson 2003: 137). Hồ’s father was a

¹ Phạm was initially appointed Minister of Health in Hồ Chí Minh’s provisional government in 1945 for a short spell, but he would then take up the position for a much longer period (1959-1969) after the conclusion of the war against France.

bone-setter, his brother practiced geomancy and his elder sister practiced traditional medicine, and all of them dispensed traditional medicines. Hồ's support of traditional medicine is very evident in the many statements on traditional medicine that he would make, as here in a message to comrades during a visit to the Institute of Traditional Medicine in 1961:

Western medicine can treat many illnesses, but there are some illnesses that only our medicine can treat. Our medicine can also treat many illnesses but there are illnesses that only Western medicine can treat... Each has its own advantage; two advantages combined can give the population good health treatment, constructive to fostering socialism. Practitioners of Western medicine should study Eastern medicine, practitioners of our medicine should also study Western medicine. (Ho cited in Hoang 2012: 135)

Hồ's emphasis on mutual recognition is crucial. At the same time, we should also pay particular attention to the ties between Phạm Ngọc Thạch, Nguyễn Văn Hường, Trương Xuân Nam, Vũ Cẩn and other Vietnamese who had trained in modern medicine and the nationalist movement that would eventually lead to Hồ Chí Minh's declaration of independence in 1945 (see Thompson 2003). Phạm had studied medicine at the Hanoi Medical School and then later in France, only to return to Saigon in 1936 where he played a key role in the revolutionary movement as leader of the Vanguard Youth Union. Also a student (and graduate) of Hanoi Medical School, Nguyễn left the Saigon Pasteur Institute in the 1940s disillusioned and bitter at his treatment there to join the Resistance Committee of the South as the head of its health service. In their services to the nationalist movement, both would experience the hardships of soldiers and civilians during war, especially the severe shortages of medical and food supplies.

It is not hard to understand where Health Minister Phạm Ngọc Thạch was coming from when he, with some irritation, responded to questions in 1965 about whether traditional medicine should play a role in national health programs:

There are about 16,000 people practising traditional medicine. Shall we 'outlaw' them, or shall we pay the greatest respect to this ancient science of which they keep the secrets, and integrate them into our medical machinery? We have followed the second path... To have been convinced long since of the absolute superiority of so-called western medicine, to have considered traditional medicine a superstition, and now to approach it with respect, with the desire to learn from it, constitutes also a turning point for our medical corps... The scorn of Western-trained physicians for traditional medicine derives from an erroneous conception of science and a profound ignorance of the results obtained by traditional medicine. (Pham 1965: 12-13).

Indeed, for Nguyễn Văn Hường, this turning point did not come of its own but rather required an active effort on the part of the government:

It is necessary to promote unity between practitioners of the two schools, modern and traditional, as well as between traditional practitioners who utilise Northern medications and those who are specialists in Southern ones. The ideal of serving the people and building a national medicine is to be instilled into all of them... It is necessary to combat the contempt for and under-estimation of traditional medicine among cadres trained in the modern medical school, and the under-estimation of Southern medications among many practitioners of traditional medicine. At bottom, such an attitude bears the mark of a national inferiority complex caused by long years of foreign domination. Such a complex should be eradicated as well as scepticism about the national medical experience and about Southern medication [*thuoc nam*]" (Nguyen 1965: 29-30).

The legacy of this robust defence of traditional medicine, as we will see in the following, can be seen in the Vietnamese government's concrete policy of integrating traditional and modern medicine. And indeed, the rhetoric of combination and integration can be seen throughout the government's various health care programmes and policies to this day. In 1960, Hồ Chí Minh stated that "it is necessary to integrate traditional and modern medicine carefully, in all spheres", in 1978 the National Assembly passed a resolution calling for "combining herbal and modern medicine", in 1993 the Central Committee of the Vietnamese Communist Party re-stated that "it is necessary to combine traditional with modern medicine" and in 2003, Prime Minister Trần Đức Lương reiterated that "it is the right policy to inherit and develop traditional medicine combined with modern medicine" (see Hoang 2012: 135-39). The positive sentiments expressed by Ho, Phạm, Nguyễn and many others towards traditional medicine from the very beginnings of the Democratic Republic of Vietnam have in effect underpinned a 'doctrine of combination' that continues to organise health care delivery in Vietnam today.

Reviving traditional medicine

In those countries that have in some way been influenced by medical practices and theories from China, acupuncture and herbal medicine have been two of the principal forms of therapy offered by traditional practitioners. In Vietnam, the latter has been given particular attention since it is exactly its herbal medicines that are used to make a distinction between *thuốc nam* (Southern, i.e. Vietnamese, medicine) and *thuốc bắc* (Northern, i.e. Chinese, medicine) (see Monnais et al. 2012). *Thuốc nam* consists of all those remedies and medicinal plants that have been used by apprentice-trained herbal practitioners throughout Vietnam through the ages. The argument – which can be traced back to Tuệ Tĩnh (1330-c. 1389), a Buddhist monk who wrote the first known medical treatise on Vietnamese medicine called *Nam Dược Thần Hiệu* [Miraculous Medicines of the South] – being that Vietnamese bodies are more compatible with medicines derived from the tropical flora and fauna of Vietnam.

If we look at government-led initiatives to revive traditional medicine in Vietnam over the last six decades, we notice a clear emphasis on the modernisation and industrialisation of herbal remedies on the one hand, and integration of traditional medicine into health education and delivery on the other. I will return to the strategy of modernisation in the following section, for now let us look more closely at the Vietnamese government's concerted efforts to integrate traditional and modern medicine within national health delivery and education systems.

Integration of traditional medicine into health delivery and education has taken place through the establishing of Hospitals of Traditional Medicine (notably in Hanoi and Ho Chi Minh City) as well as Departments of Traditional Medicine in existing modern medicine hospitals across the country. This has also involved the further development of medical education curricula to ensure that medical students are provided with training in both modern and traditional medicine (acupuncture and herbal medicine in particular). Vietnam's seven medical schools now all have a Department of Traditional Medicine. Indeed, it is these efforts that would lead the WHO to crown Vietnam's health delivery system as one of the most integrated in the world. And although, as Hoang has shown us, by 1972 there were 15 hospitals of traditional medicine throughout the country, perhaps more importantly (and tellingly) there were also "30 general hospitals of Western medicine with Departments of Eastern medicine and 128 out of 555 hospitals (national, provincial and district) had attracted nearly 500 herbalists (*lương y*)" (Hoang 2012: 138). Whereas China and South Korea in many ways have two parallel systems of medicine, each with its own universities, hospitals and research centres, in Vietnam there has been a conscious effort to institutionally combine the two forms of medicine. We should of course not romanticise this strategy of combination, and since medical students will often choose to specialise in herbal medicine or acupuncture, one can rightfully ask whether Nguyễn Văn Hương's lofty ambitions of "transform[ing] our medical workers into all-round practitioners knowing both medicines" (Nguyen 1965: 35) remain unfulfilled. Moreover, within the established health care system, relations between modern and traditional medicine has certainly been fraught with conflict and tension, not least when resource imbalances between the forms of medicine are made transparent. Nonetheless, we might say that a rhetorical insistence on combination and integration has in some senses 'compelled' collaboration.

Now, while this institutional integration of traditional and modern medicine has been at the core of the Vietnamese government's efforts to revive traditional medicine, we should not overlook the efforts that have been directed at more rural parts of the country where hospital facilities and services have been much scarcer. In such rural settings, Mao's pragmatic approach to 'old' medicine in China seems somehow more resonant. For while Vietnam's revolutionary government was interested in promoting the use of traditional

herbal medicine, they were also disapproving of what they considered ‘unhygienic’ and ‘superstitious’ practices in the countryside (see Malarney 2012). Both Phạm and Nguyễn insisted that such practices needed to be stopped: “with modern scientific conceptions, we shall eliminate all the unscientific growth which the feudal regime superadded to traditional medicine, thus turning it into something esoteric” (Nguyen 1965: 28). And so it was not all ‘traditions’ that were to be revived. Indeed the rejection of some traditions whilst promoting others was seen to cause quite some confusion, as recalled here by Vu Can writing about the efforts of health authorities in the Van Dinh district to rebuild its network of health delivery in the aftermath of the war against France:

A new difficulty then appeared. Under the colonial regime, Vietnamese peasants were strongly prejudiced against modern medicine which they believed was good only for natives of countries with a cold climate. They abhorred injections. They trusted sorcerers and quacks. Thanks to the efforts of the people’s government, the peasants learned to appreciate modern medicine, but many then came to think that traditional medicine was worthless, that only injections were efficacious. To use traditional medicine would merely be to deceive oneself... Much explanation work had to be done, but naturally, the patients would be fully convinced only if the traditional medicines given them proved to be efficacious. A series of concrete measures were then taken to ensure its rightful place to traditional medicine, to give it an equal status with modern medicine (Vu 1965: 78)

And so, somewhat in contrast to colonial administrators who also had pursued ‘civilising’ programmes in rural areas of Vietnam, the Vietnamese government would emphasise not so much the superiority of modern medicine as the appropriate combination and integration of traditional and modern medicine in the countryside. Of course, part of this emphasis came out of sheer necessity, as a lack of modern medical supplies often meant that traditional remedies were the only thing on offer. We know, for example, from the remarkable diaries of Đặng Thùy Trâm, a doctor who travelled in 1969 to the southern front to work for the revolutionary army, that she had started a medicinal plant garden in the town of Phổ Cường, not least as a way to overcome supply shortages (see Whitehurst 2012: 97-98). And in the Diễn Châu district of Nghệ An province in the 1960s, health authorities encouraged “each family [to have] its own medicine chest, and efforts are being made to popularise the culture of the most commonly used medicinal plants.” (Nguyen PC 1965: 101). Such practices to ‘re-introduce’ traditional medicine amounted to what Director of the Institute of Traditional Medicine (from 1975 to 1995) Hoàng Bảo Châu has described as a “revolutionary movement to bring traditional medicine back to the grassroots level” (see Wahlberg 2006). His Institute was responsible for training around 2,000 activists in the 1970s that were sent to rural parts of the country to promote traditional medicine use. The medicinal plant garden has been, and continues to be, a cornerstone of this strategy. While the government in Vietnam has consistently worked to improve access to modern pharmaceuticals and services in rural areas it has also initiated programmes to encourage both families as

well as local health stations to cultivate and maintain medicinal plant gardens through such campaigns as the Ministry of Health's "Drugs at Home" and "Doctor at Home" campaigns. Through such campaigns people like Dr. Tran Chu "encouraged villagers to grow and use medicinal plants. Every family grew medicinal plants in its garden because they were more affordable than Western medicine and less likely to cause side effects" (Huu and Borton 2003: 65). Such campaigns can be seen as a kind of 'grassroots combination' focusing on pragmatic issues of accessibility and affordability, an approach which continues to this day. In its Health Policy 2000-2012, the Vietnamese government once again emphasised its objective to "mobilize, encourage and guide people in planting, raising and use of plants and animals as *materia medica*" (Vietnam 2005: 2.1).

Revival, then, means many things in Vietnam. It means ensuring that both traditional and modern medicine services are delivered through hospitals in more urbanised areas and health stations in rural parts of the country. It has also meant re-educating Vietnamese people to distinguish between those traditions considered appropriate and 'good' (such as herbal medicine and acupuncture) and those considered 'quackery' (such as fortune telling or sorcery) through awareness campaigns. And finally, it has involved reminding the Vietnamese about their medical heritage through concrete initiatives to get them to cultivate and produce herbal remedies in medicinal gardens.

Collaboration in the lab/clinic

The striking images of the 'jungle lab' and 'jungle clinic' have played an important role in generating symbolic capital for traditional medicine in Vietnam. A famous story that I heard often while in Hanoi stems from General Võ Nguyên Giáp's (a key member of the Viet Minh) memoirs. Võ tells of how Hồ experienced the benefits of traditional medicine first hand on the eve of the August revolution in 1945 in a rural area of North Vietnam:

There was much to do but Uncle Hồ was ill. He'd had a fever for some days... I noticed he was getting weaker and thinner. We had no special medicine for him, just some anti-cold and quinine tablets. He had taken them, but his condition did not improve. Normally he would never lie down during working hours, but now he was bedridden and had fits of delirium... The next day, I asked the local people if they had any remedies. They told me about a traditional healer of the Tày ethnic minority who could treat high fever. I sent a horseman to fetch him. The physician felt Uncle's pulse and forehead. Then he burned a piece of root he had just taken from the forest. He mixed its ashes with thin rice soup and gave the mixture to Uncle. The next day, the fits of delirium were gone. Uncle ate the special soup several more times. His fever receded. Even though he was weak, Uncle rose and started working again. (cited in Huu and Borton 2003: 53-55).

Similarly, during Vietnam's second war of independence against USA, Hoàng Bảo Châu and colleagues have written of how "under US bombing traditional medicine contributed remarkably to medical treatment in North Vietnam under the people's power: burns, fractures and war injuries, let alone current diseases" (Hoang et al. 1999: 27). We will also recall Đặng Thùy Trâm's accounts of how medicinal plants were used to make up for severe shortages on the southern front in the late 1960s. Indeed, as Thompson has shown, the legacy of such links between the army and traditional medicine was made explicit in 1994 when the Army published a book entitled *Một Số Rau Dại Ăn Được Ở Việt Nam* (Wild Edible Vegetables of Vietnam) which included information on how "to prevent and treat various medical problems with the sources available to them in the wild" (Thompson 2003: 115). The book contains entries on 128 wild plants together with information on their nutritional and medicinal value.

Collecting and collating knowledge about the medicinal uses of plants has been a central part of the Vietnamese government's strategy to modernise traditional medicine. And most famous in this endeavour has been pharmacist Đỗ Tất Lợi who dedicated his life to documenting medicinal uses of plants throughout Vietnam. As recounted by Huu Ngoc:

In 1946, when the First Indochina War broke out, Đỗ Tất Lợi joined the patriotic army in the Viet Bac Resistance Zone. Despite the difficult conditions, his passion for Vietnamese medicine remained strong. He talked with traditional Tay and Muong healers about their remedies, visited local markets, and made friends with sellers of medicinal herbs. He took notes of their accounts of plants and trees and their medical uses. (Huu and Borton 2003: 44-45).

Đỗ would eventually publish the vast knowledge he amassed in his popular volume *Những cây thuốc và vị thuốc Việt Nam* [Medicinal Plants and Remedies of Vietnam]. Moreover, this enormously time-consuming task has since then engaged the Institute of Materia Medica, the Institute of Traditional Medicine (in Hanoi and Ho Chi Minh City) as well as numerous Associations of Traditional Practitioners through collaborations between botanists, ecologists pharmacologists, chemists, pharmacists and traditional practitioners. The key characteristic of this process of gathering and publishing traditional knowledge about medicinal plants has been the emphasis on systematising the naming of plants according to their Latin names as a way to overcome the confusion that differing local names for plants might cause, a kind of taming of the countryside armed with botanic nomenclature and taxonomy systems (see Wahlberg 2006).

Yet it was not only in the gathering, organizing and publishing of knowledge about the use of various plant species for medicinal purposes that collaboration between chemists, doctors and traditional practitioners took place. In hospital Departments and health stations, concrete initiatives were also taken to modernise traditional practice. In 1963, Nguyen Thi The, a nurse trained in traditional medicine was sent to Van Dinh town outside of Hanoi to help the local health station with integrating traditional medicine into its practice:

Her job was to help the infirmary combine the use of modern medicine with that of traditional medicine... At first, the roots and leaves which made up the essential part of traditional pharmacy were contained in dusty baskets. They were now put into a multidrawer cupboard. The decoctions formerly contained in coarse, low quality bowls, were now served in bowls made of fine porcelain. Not all drugs were made offhand, as in former days. Nurse The prepared medicines in concentrated solution for most common diseases, which were preserved in sterilized bottles. In the pharmacy were two white-painted cupboards containing pills, tinctures, balms, powders; in another cupboard were medicine bottles and acupuncture instruments, arranged on a white enamelled tray... Little by little, traditional medicine recovered its prestige, as it proved to be quite efficacious. (Vu 1965: 78-79).

What is striking in such post-French War accounts of rebuilding health delivery services in Northern Vietnam is the suggestion that local hospitals “did not know yet how to combine the practice of modern medicine with that of traditional medicine, and how to use local pharmaceutical products” (ibid: 77). Instead an active effort was required to implement integration in the clinic. It is important to remember that use of medicinal plants continued to be widespread throughout Vietnam if not only for the lack of access to modern medicine. Traditional medicine was very much a part of the daily life of villagers. Nevertheless, what was required was a modernisation effort, to upgrade and to improve the prestige of local remedies so that they could be put alongside modern medicine in hospital settings on an equal footing.

A final site of collaboration has of course been the laboratory, where work to chemically analyse and synthesise active ingredients found in medicinal plants has been taking place for over 50 years now. Recollections like those of Truong Xuan Nam of the Hanoi College of Pharmacy are not uncommon:

President Ho Chi Minh called on all medical workers to leave for the jungles carrying with them their medical appliances and medicaments in order to join the long patriotic war... Our technicians, pharmacists, laboratory assistants and students left the towns and went to all parts of the country wherever they were required by the needs of the war of resistance. In the forests of Viet Bac, in the Plain of Reeds in South Vietnam, on the banks of the Red River, in the highlands of the North-West Region, we set up workshops and supply stores in thatched huts and began a completely new life... [It was] during the resistance that we laid the foundations of our pharmaceutical organizations. It can be said that the first pharmaceutical factories and the first research laboratories of Vietnam came into being in the jungle. (Truong 1965: 112)

Vu Can also tells the story of how Nguyen Van Kim “made an aseptic room by covering with cloth the ceiling and the walls of a small room” in Van Dinh outside of Hanoi. He argues that the spirit was one of self-sufficiency as “the personnel have learnt to rely chiefly on their own efforts to overcome all difficulties, to contribute to building up the Fatherland through hard work and thrift” (Vu 1965: 80-82). This narrative of hard work and thrift and the suggestion that one should deal with one’s own problems is one I have met time and again while doing fieldwork in northern Vietnam.

During the period 1997 to 2004 I was able to follow the collaboration between traditional practitioner Trần Khuông Dẫn and Prof. Trần Văn Sung of the Institute of Chemistry in Hanoi as they collaborated to transform his home-brew herbal remedy for drug addiction into an industrially produced herbal medicinal product containing 12 different plants (see Wahlberg 2008; 2012). The collaboration was built around a medication developed by Dẫn to treat drug addicts. Very much in tune with Đỗ Tất Lợi’s and other national programmes to collect traditional knowledge, Dẫn had traversed the length of Vietnam from south to north in order to meet with traditional practitioners in order to learn how they treated drug addiction. After having approached local health authorities with his personally developed treatment for addiction in the early 1990s, Dẫn entered the laboratories of the Institute of Chemistry in 1996. And far from being a one-sided ‘colonisation’ of traditional medicine by modern science, the cooperation between Dẫn and Prof. Trần Văn Sung took place in a collaborative space where both would input into the development process that aimed at industrialising the production of the medication. In my discussions with both as well as my observations in their laboratory, I noted how notions of combination and integration (of modern and traditional medicine) were central to their work. Modern scientific technologies to extract, purify and mass produce active ingredients were to be used to improve the remedy and not to somehow ‘reduce’ it or to strip it of its efficacy.

And so we see how jungle clinics and jungle laboratories have laid the basis for ever more sophisticated efforts to modernise and industrialise traditional herbal medicine in Vietnam. The laboratory has been an important agent of revival, as it is the laboratories of the various Institutes of Traditional Medicine, Materia Medica and Plant Bio-Chemistry that have been mobilised in national efforts to combine modern and traditional medicine.

Conclusion – on the making of a national medicine

In a recent chapter on the development of traditional medicine in postcolonial Vietnam, Hoàng Bảo Châu has succinctly summarised the different ways in which traditional medicine in Vietnam has been labelled over the last few decades:

Vietnamese Traditional Medicine consists of two main branches: *Thuốc Nam* (Southern medicine) and *Thuốc Bắc* (Northern medicine). *Thuốc Nam*, or *Thuốc Ta* (our medicine), has been created, accumulated and developed by native Vietnamese people living in this land... During French rule, when colonialists made *Thuốc Tây* (Western medicine) the official branch of medicine, Southern and Northern medicines were sometimes grouped as *Đông Y* (Eastern medicine) to distinguish them from Western medicine... Under the government of the Socialist Republic of Vietnam, and since the country became a member of the World Health Organisation (in 1977), Eastern medicine has either been called *Y Học Dân Tộc* (national medicine) or *Y Học Cổ Truyền* (traditional medicine)... in order to distinguish it from Western medicine, which is now termed modern medicine (*Y Học Hiện Đại*). Whichever way it is labelled (Southern medicine, Northern medicine, our medicine, Eastern medicine, national medicine or traditional medicine), the essence of this branch of medicine remains the same. Nowadays, the most appropriate name is Vietnamese Traditional Medicine (*Y Học Cổ Truyền Việt Nam*). (Hoang 2012: 133-134)

What we can see clearly from Hoàng's summary is how we can see these changing labels as a series of orientations that reads like a history of Vietnam's quests for independence, initially from China in the North and subsequently from France and then USA in the West. The practices themselves have not changed – herbal medicine and acupuncture remain at their core – yet their qualification as Southern, Eastern, Our, national or finally Vietnamese medicine has always somehow contributed to the definition of that which lies south or east, i.e. Vietnam.

What I have shown in this article is that in the particular period of the latter half of the twentieth century, a time where revolution, modernisation and industrialisation have come to shape medicine in Vietnam, Vietnamese medicine has amassed symbolic capital to an extent that it is hard to find vocal critics of it. As I have pointed out, this does not amount to a suggestion that everything is harmonious. But at the same time, I do argue that the three grids – combination, revival and collaboration – that I have proposed it is possible to view the making of Vietnamese medicine through are particular to the historical contingencies of postcolonial Vietnam. Traditional medicine was never labelled 'old' by Vietnam's revolutionaries, instead they consistently emphasised the importance of "paying the greatest respect to this ancient science" not least since "there are some illnesses that only our medicine can treat" (see above). Traditional medicine was to be treated as an equal to modern science.

So how then did traditional medicine in Vietnam become a national medicine? It is clear that whenever a certain medicine becomes national – e.g. Chinese medicine, Korean medicine, Tibetan medicine,

Vietnamese medicine – we can be sure that medicine is somehow intertwined with on-going nation-building processes in a profound way. In Vietnam, central revolutionary figures who had emerged out of early 20th century nationalist movements were intimately bound up with medicine, whether through training, family or indeed individual illness experiences. A narrative of rejection of traditional medicine by the colonial powers formed an important part of the platform against which revolutionaries would launch their campaign to reclaim a Vietnam that had been lost. At the same time, an emphasis on self-sufficiency and making do with one's own means contributed to a sense that using traditional medicine was itself a national act, it reinforced the revolution. It is little wonder then that the images of the jungle lab and the jungle clinic have been so potent in generating symbolic capital for Vietnamese medicine.

With this article, I hope to have contributed some novel insights for thinking about the 'making' of a medicine by proposing various grids through which it became gradually inevitable that traditional medicine would become Vietnamese. Such grids form the conditions of possibility of the making of a national medicine. They should not be confused with the notion of a 'lense' as grids consist not only of ways of knowing, but equally importantly also of ways of doing. The formation of grids contribute to the stabilisation of the labels that Hoang summarised while and by shedding light on such grids we can see how painstaking a process must be for a label like 'Vietnamese medicine' to stick.

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